CMS Manual System

Pub 100-02 Medicare Benefit Policy

Transmittal 50

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: JUNE 2, 2006

Change Request 4143

SUBJECT: Immunosuppressive Therapy For Kidney Transplant

I. SUMMARY OF CHANGES: Immunosuppressant therapy for kidney transplant is not included within the 90-day global period.

NEW/REVISED MATERIAL

EFFECTIVE DATE: July 3, 2006

IMPLEMENTATION DATE: July 3, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE			
R	11/80.4/Physicians Services for Kidney Transplants			

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements Manual Instruction

*Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

Pub. 100-02 | Transmittal: 50 | Date: June 2, 2006 | Change Request 4143

SUBJECT: Immunosuppressive Therapy for Kidney Transplant

I. GENERAL INFORMATION

- **A. Background:** The Federal Register, Volume 56, #227, November 25, 1991, Final Rules and Regulations, page 59591, changed the requirement for what is included in the global period. Immunosuppressive therapy for kidney transplant is not included in the 90-day global period. Section 80.4 is being changed to be consistent with other sections within the manual.
- **B.** Policy: Immunosuppressive therapy for kidney transplant is not included in the 90-day global period and is paid for separately.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

[&]quot;Should" denotes an optional requirement

Requirement	Requirements		Responsibility ("X" indicates the							
Number		columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared S Maintai F M I C S S S	•		Other	
4143.1	The contractor shall not include immunosuppressive therapy for kidney transplant within the 90-day global period.			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H H I	C a r r i e r	D M E R C	Shared S Maintain F M I C S S S	•	C W F	Other
	None.								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: July 3, 2006

Implementation Date: July 3, 2006

Pre-Implementation Contact(s): Terri Harris terri.harris.@cms.hhs.gov

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

Post-Implementation Contact(s): Terri Harris terri.harris.@cms.hhs.gov

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80.4 - Physicians' Services for Kidney Transplants

(Rev.50, Issued: 06-02-06, Effective: 07-03-06, Implementation: 07-03-06)

Expenses for physicians' services to the donor are treated as though the recipient had incurred them. If the recipient dies, donor expenses actually incurred after death of the recipient will be treated as incurred before the death of the recipient.

Immunosuppressive therapy is not included in the 90-day global fee and is paid separately.

A comprehensive payment is also made when the surgeon performs other surgical procedures, e.g., splenectomy and/or nephrectomy at the time of the transplant. The Medicare Part B carrier revises the payments, subject to the deductible and coinsurance requirements and the participating/nonparticipating physician rules, annually.

Payment for physician services to a live donor provided in connection with a kidney donation to an entitled beneficiary is made at 100 percent of the allowed amount. These services include the donor's preoperative surgical care, kidney excision inpatient stay and any subsequent related postoperative period. There is no deductible or coinsurance charged for services furnished to live donors. The Part B claim includes the name, address, and health insurance number of the recipient as well as the name and address of the live donor.